

**Georgia Certification Program
Board of Equalization Training Registration Form**

Board of Equalization Registrant's Information:

Legal Name:

(First) (Middle) (Last)

County Name: _____ Original Appointment Date: _____

Current Term:

Start Date: _____ End Date: _____

Clerk of Superior Court Contact Information:

Contact Person: _____

Clerk of Superior Court's Office Mailing Address:

(Street or P.O. Box)

(City) (State) (Zip Code)

Phone: _____ Fax: _____

Email Address: _____

Course Information:

Please circle course attending:

BOE Workshop—40 Hour

BOE Update—8 Hour

Location: _____ Date: _____

Do you have money in credit that you want to use? Yes No

Fee Schedule

40 hour courses

\$100.00

8 hour update

\$25.00

Note: Fees are due when
member is registered for class.